



Pre-K Program Name:		
Pre-K Program Address	City	 Zip Code
I,authorized representative of the On My Way Pre-k an enrolled On My Way Pre-K provider by agreeir	C program located at the above addr	, (insert your name) as an ess agree to fully participate as
I agree that my On My Way Pre-K program will: (p	-	
<u> </u>	plicable laws, rules and policies:	
Comply on a continuing basis with all rules and Social Services (FSSA).	for participation established by the	State of Indiana and Family
Provide pre-k early education services to e hours/days/weeks per year as indicated or on the Provider Information Page is accura	the Provider Information Page and	
Maintain program eligibility throughout the	pre-k program year as defined by IC	C 12-17.2-7.2.
Report immediately any changes in eligibil the Office of Early Childhood and Out-of-S		nal or regional accreditation, to
Acknowledge that Grants are not transferr	able to other students.	
Participate in all required trainings and all m These meetings may be held face to face a		
Participate in all site visits conducted by the activities with regard to the On My Way Pre		
Allow families of children enrolled in the pre	-k program to visit at any time the pr	rogram is in operation.
Family Engaç	gement and Child Attendance	
Maintain accurate attendance records for C as required by OECOSL.	On My Way Pre-K enrolled children a	and submit attendance records
Offer parental engagement and involvement Engagement Framework adopted by the Ir		
Enforce minimum attendance requirements enrolled children. Family engagement acti and programs are encouraged to keep par OECOSL must approve any dismissal of a	vities should include information on ents informed they are meeting atte	the importance of attendance ndance requirements.





 Maintain records of each On My Way Pre-K family's participation in family engagement activities and submit records as required by OECOSL.		
Promote children's social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices; these exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.		
Assist families in obtaining information and/or referral to the public school where the parent resides (if parent chooses) for an educational evaluation and determination of eligibility for special education services if developmental delays or reasons to suspect a disability are observed by the parents or teachers during the pre-k program year.		
Participation in Research Studies		
Complete registration with the Indiana Department of Education as an administrator for the ISTAR-KR student assessment and assist families with the completion of the ISTAR-KR parent agreement so that each On My Way Pre-K child is assigned a Student Test Number (STN). Paperwork must be completed within two weeks of the start date of each student with an On My Way Pre-K grant.		
Administer the kindergarten readiness assessment, ISTAR-KR, for children enrolled as On My Way Pre-K students, at least twice during the program year. The first assessment must be completed within six weeks of the child's start date and the last must be completed prior to the conclusion of the program year. Additional assessments through the program year are recommended in order to facilitate individualized student instruction.		
Participate in the On My Way Pre-k pilot longitudinal study including participation in on-site student and classroom assessments conducted by the external evaluator, complete surveys, focus groups or teacher completed student assessments as needed and provide all necessary documentation to OECOSL within the required timeframes.		
Claims and Payments		
 Complete and timely submit all required reports, including attendance and timely billing on approved claim forms following guidelines required by the state and FSSA.		
Be individually responsible and accountable for the completion, accuracy and validity of all claims submitted by program, program's employees or program's agents. Authorized representative of program understands that the submission of false claims, statements and documents or the concealment of material fact will be grounds for disapproval from the On My Way Pre-K grant and prosecution under applicable State Law.		
Agree to inform OECOSL within 5 business days of an On My Way Pre-K child being withdrawn. I acknowledge that retroactive repayment to the State of Indiana may be required or future payments may be adjusted as a result of the withdrawal of a student or changes to the law.		





Additionally, by my signature below, I understand that:

- I attest that I have received, read and will comply with the FSSA Privacy Compliance policies. Grantee is hereby authorized by the State to create, receive, maintain, and/or transmit Personally Identifiable Information (meaning personal information as collectively defined in IC 4-1-6-1 and IC 4-1-11-3, "PII") on the State's behalf pursuant to and consistent with the Services performed under this Grant. Grantee will not use or further disclose PII except as expressly permitted by this Grant or as required by law. Grantee agrees to comply with all State laws regarding data privacy, the FSSA Privacy Compliance policies, OECOSL directives regarding data privacy, and applicable FERPA provisions as defined in 20 U.S.C § 1232g; 34 CFR Part 99.
- I may not be paid to provide pre-k services for my own child(ren), stepchild(ren) or child(ren) whom I am the legal guardian
- I understand my pre-k program will only be paid for pre-k services provided at the address listed on the grant and Provider Information Form.
- Failure to comply with the conditions of this agreement may result in the termination of my program's eligibility to receive payment through the On My Way Pre-K grant program;
- Providing false or misleading information on any documentation required by On My Way Pre-K, including
 but not limited to the application for enrollment, child attendance records, child assessment data or other
 study related data, claim forms and the Provider Information Form, may result in the termination of my
 program's eligibility to receive payment through the On My Way Pre-K program and repayment of funds
 received to date;
- Any over-payments or payment received for services not rendered will result in a required repayment to the State and that the State shall pursue all available remedies to obtain repayment.
- This agreement may be terminated by FSSA immediately for provider's breech of any provision of this agreement or by FSSA or the provider, without cause upon sixty (60) days written notice.

(Printed Name)	(Program Name)	
(Signed Name)	(Date)	



